

**European Cooperation in the field of Scientific and Technical Research – COST  
COST action IS0903 ‘Medicine and Management’, Working Group 2 on ‘Control’**

**Hospital Control Assessment Framework (H-CAF)<sup>©</sup>**

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The H-CAF<sup>©</sup> is a qualitative methodological instrument for explorative comparative research into the changing modes of control in hospitals. The H-CAF focuses the organisation/the hospital, but places the operational level of hospital governance in the wider contexts of country specific healthcare policy and institutional conditions (see also, Kuhlmann et al., 2011, International Journal of Clinical Practice, 65: 722-724).

The H-CAF has been developed and piloted by the authors in public sectors hospitals in seven European countries as part of the COST action WG2 research (to be cited as Kuhlmann et al., 2012); the copyright is with the authors (contact: Ellen Kuhlmann, e.kuhlmann@em.uni-frankfurt.de).

## Part A

Mapping the context: key characteristics of the healthcare state and institutional contexts of hospital governance (macro-level).

## Part B

Structures and tools		Actors and processes						
		Who is responsible?			At what level?			
		doctors	nurses	others	hospital	department	others	
<b>1. Governance structures of the hospital</b> (relevant for controlling professionals)								
1.1	top management structure of the hospital					n/a	n/a	n/a
1.2	middle to junior management structure							
1.3	regulatory bodies, committees, working groups <ul style="list-style-type: none"> <li>specifically concerned with new modes of controlling medicine; performance management</li> <li>with patient safety</li> <li>with quality of care</li> <li>with risk assessment</li> <li>with malpractice</li> <li>bioethics committee</li> <li>research ethics committee</li> <li>gender equality + diversity management</li> </ul>							
1.4	inclusion of patients and/or the public (lay persons; politicians) in any of the bodies							
1.5	any other governance structures relevant for controls							
<b>2. Financial /efficiency controls</b>								
2.1	hospital financing <ul style="list-style-type: none"> <li>fixed budget</li> <li>activity based, such as DRGs</li> </ul>							

	<ul style="list-style-type: none"> <li>mixed, percentage activity/ DRG based</li> </ul>							
2.2	department/ ward/ unit financing <ul style="list-style-type: none"> <li>fixed budget</li> <li>activity based, such as DRGs</li> <li>mixed, percentage activity/ DRG based</li> </ul>					n/a		n/a
2.3	budget control tools at hospital level <ul style="list-style-type: none"> <li>target setting</li> </ul>						n/a	n/a
2.4	budget control tools at department/ ward/ unit <ul style="list-style-type: none"> <li>target setting</li> </ul>					n/a		n/a
2.5	if activity/ DRG based: coding procedures							
2.6	performance based payment <ul style="list-style-type: none"> <li>individual or group based</li> </ul>							
2.7	control of staffing levels/ skill-mix/ qualification							
2.8	any other relevant financial controls							
<b>3. Quality and safety organisational-managerial controls</b>								
3.1	formalised systems/ technological controls, like ISO or other systems							
3.2	audits <ul style="list-style-type: none"> <li>quality assurance clinical audits</li> </ul>							
3.3	technology assessment reports: availability, utilization, evaluation of utilization							
3.4	quality reports <ul style="list-style-type: none"> <li>quality indicators</li> </ul>							
3.5	clinical guidelines and EBM <ul style="list-style-type: none"> <li>monitoring and evaluation</li> <li>incentives and sanctions</li> </ul>							
3.6	risk management/ patient safety programmes							
3.7	patient outcome reported measures							
3.8	patient surveys or similar procedures							
3.9	procedures to monitor, evaluate and discuss							

	malpractice and poor performance							
3.10	benefit and reward procedures; best practices							
3.11	any other tools relevant for controls							
<b>4. Professional self-governing controls</b>								
4.1	clinical conferences and sessions (to monitor and discuss performance)							
4.2	formalised procedures of continuing professional development/ education (CPD)							
4.3	participation in Cochrane Collaborations or other standardization projects							
4.4	<ul style="list-style-type: none"> <li>• establishment of EBM</li> <li>• setting and availability of clinical guidelines</li> <li>• evaluation of implementation of guidelines</li> </ul>							
4.5	procedures to monitor, evaluate and discuss malpractice + poor professional performance							
4.6	benefit and reward procedures; best practices							
4.7	any other medical professional tools relevant for controls							